

County: Sheboygan
MORNINGSIDE HEALTH CENTER
3431 N 13TH ST

Facility ID: 5740

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SHEBOYGAN 53083 Phone:(920) 457-5046
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 72
Total Licensed Bed Capacity (12/31/04): 72
Number of Residents on 12/31/04: 70

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 69

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
							%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44.3
Supp. Home Care-Personal Care	No					1 - 4 Years	41.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years	14.3
Day Services	No	Mental Illness (Org./Psy)	11.4	65 - 74	5.7		----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	24.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	5.7	85 - 94	55.7	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.4		----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	15.7	65 & Over	98.6	-----	
Transportation	No	Cerebrovascular	11.4		----	RNs	10.7
Referral Service	No	Diabetes	8.6	Gender	%	LPNs	1.4
Other Services	No	Respiratory	0.0		----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	35.7	Male	21.4	Aides, & Orderlies	
Mentally Ill	No		----	Female	78.6	35.2	
Provide Day Programming for			100.0		----		
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care					
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Skilled Care	15	100.0	304	32	100.0	117	2	100.0	117	21	100.0	167	0	0.0	0	70	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		32	100.0		2	100.0		21	100.0		0	0.0		70	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)	% Independent	Assistance of		Dependent	Number of		
Private Home/No Home Health	26.1	Bathing	0.0	One Or Two Staff			Residents		
Private Home/With Home Health	0.9	Dressing	10.0	75.7		24.3			70
Other Nursing Homes	0.0	Transferring	25.7	68.6		21.4			70
Acute Care Hospitals	68.7	Toilet Use	27.1	51.4		22.9			70
Psych. Hosp.-MR/DD Facilities	0.0	Eating	61.4	51.4		21.4			70
Rehabilitation Hospitals	0.0			27.1		11.4			70
Other Locations	4.3	*****							
Total Number of Admissions	115	Continence	%	Special Treatments		%			
Percent Discharges To:		Indwelling Or External Catheter	8.6	Receiving Respiratory Care		8.6			
Private Home/No Home Health	36.2	Occ/Freq. Incontinent of Bladder	45.7	Receiving Tracheostomy Care		0.0			
Private Home/With Home Health	0.9	Occ/Freq. Incontinent of Bowel	18.6	Receiving Suctioning		0.0			
Other Nursing Homes	4.3			Receiving Ostomy Care		4.3			
Acute Care Hospitals	6.9	Mobility		Receiving Tube Feeding		2.9			
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		30.0			
Rehabilitation Hospitals	0.0								
Other Locations	15.5	Skin Care		Other Resident Characteristics					
Deaths	36.2	With Pressure Sores	4.3	Have Advance Directives					
Total Number of Discharges		With Rashes	1.4	Medications					
(Including Deaths)	116			Receiving Psychoactive Drugs					
				72.9					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	88.5	1.08	89.0	1.08	90.5	1.06	88.8	1.08
Current Residents from In-County	91.4	80.0	1.14	81.8	1.12	82.4	1.11	77.4	1.18
Admissions from In-County, Still Residing	23.5	17.8	1.32	19.0	1.23	20.0	1.17	19.4	1.21
Admissions/Average Daily Census	166.7	184.7	0.90	161.4	1.03	156.2	1.07	146.5	1.14
Discharges/Average Daily Census	168.1	188.6	0.89	163.4	1.03	158.4	1.06	148.0	1.14
Discharges To Private Residence/Average Daily Census	62.3	86.2	0.72	78.6	0.79	72.4	0.86	66.9	0.93
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	98.6	92.4	1.07	93.7	1.05	91.8	1.07	87.9	1.12
Title 19 (Medicaid) Funded Residents	45.7	62.9	0.73	60.6	0.75	62.7	0.73	66.1	0.69
Private Pay Funded Residents	30.0	20.3	1.48	26.1	1.15	23.3	1.29	20.6	1.46
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	11.4	31.7	0.36	34.4	0.33	37.3	0.31	33.6	0.34
General Medical Service Residents	35.7	21.2	1.69	22.5	1.59	20.4	1.75	21.1	1.70
Impaired ADL (Mean)	48.0	48.6	0.99	48.3	0.99	48.8	0.98	49.4	0.97
Psychological Problems	72.9	56.4	1.29	60.5	1.20	59.4	1.23	57.7	1.26
Nursing Care Required (Mean)	6.4	6.7	0.96	6.8	0.94	6.9	0.93	7.4	0.87